Name (Print/Type) William J. Clemens

PTO/SB/17 (07-07) Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number **LIEREIAE**E Effective on 12/08/2004, Complete If Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). CENTRAL PAX CENTER Application Number 10/649.039 **TRANSMIT** Filing Date August 27, 2003 JUL 1 6 200 For FY 2007 First Named Inventor Kernz **Examiner Name** A Levine Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3625 TOTAL AMOUNT OF PAYMENT (\$) 455.00 16514 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-3156 Deposit Account Name: Fraser Clemens Martin & For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **8mall Entity** Small Entity Small Entity Application Type Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 160 150 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (S) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Multiple Dependent Claims Fee Paid (\$) - 20 or HP = Fee Paid (\$) Fee (\$) HP a highest number of total claims paid for, if greater than 20. Extra Claims Indep. Claims Fee (\$) Fee Paid (\$) -3 or HP = HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): RCE, one month extension of time 455.00 SUBMITTED BY Registration No. 26,855 Signature Telephone ₂₄₈₋₉₆₀₋₂₁₀₀

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